

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>188</u>
District of <u>Mission</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>532</u>
Town of _____			Local Registrar No. _____
or City of <u>Warrior Canyon</u>	No. _____		St. _____ Ward _____
2. Full name of child <u>Santiago Parra</u>			(If birth occurred in a hospital or institution, give its NAME instead of street and number)
3. Sex of Child <u>Male</u>			(If child is not yet named, make supplemental report, as directed.)
To be answered ONLY in event of plural births.		4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>June 28, 1924</u>	
Month _____ Day _____ Year _____			
8. FATHER		14. MOTHER	
Full name <u>Martin Parra</u>		Full maiden name <u>Jesusa Lucero</u>	
9. Residence (Usual place of abode)		15. Residence (Usual place of abode)	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Mexican</u>		16. Color or race <u>Mexican</u>	
11. Age at last birthday <u>48</u> (Years)		17. Age at last birthday <u>40</u> (Years)	
12. Birthplace (city or place) <u>Yuleta, Texas</u>		18. Birthplace (city or place) <u>Guarez, Mexico</u>	
(State or country)		(State or country)	
13. Occupation		19. Occupation	
Nature of industry <u>Miner</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>yes</u>	
(a) Born alive and now living <u>8</u>			
(b) Born alive but now dead <u>?</u>			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8:30 a.m.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Juana de martinez</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Claypool, Ariz.</u>	
Month, day, year. _____		C. E. Gwin	
Registrar. _____		Local Registrar.	
		County Registrar.	

271-628-336